

D.I. # \_\_\_\_\_

**CIVIL ACTION****NUMBER:** 08cv297 GMSU.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT(S)**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**WARDEN PERRY PHELPS  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA DE 19977**

08-297-Gms2. Article Number  
(Transfer from service label)7007 3020 0002 3321

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**M. Lamo

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

M. Lamo

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2008 JUN 18 PM 1:3  
RECEIVED  
DISTRICT CLERK  
DELAWARE

102595-02-M-1540